Name in Full

Certificate of Death

Annie, Rebecca, Anderson

Died at Town: Mountain County: Harford MARYLAND

Date 1899 Month: Sept Day: 5 | Age Y.: 1 M.: 3 D.: | Native of: Maryland | Occupation:

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / ~~Single~~ / Widower / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

~~Father's~~ Name: James Bishop Mother's Name: Clara A. Anderson

Cause of Death — Primary: 7 How long sick: One Week

Immediate: Whooping Cough Accident, Suicide, Homicide

Reported by: Chas. E. Homberger OVER

Address: Benson Md. OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. Alivalon

of Balto Co

Seen by Coroner

of

Information contained in this certificate received from James Bishop

of Mountain

Name in Full Infant Busher

Certificate of Death

Died at Town Rock Run County Harford MARYLAND

Date 1899 Month Sep Day 20 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Nic. Busher

Mother's Name Priscilla Busher

Cause of Death Primary 82 How long sick

Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by Bailey & Baldwin, F.D.

Address Level

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ellen Cropper — Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 189 9 Month Sept Day 7 | Age Y. 65 M. D. | Native of Md. | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband of~~ Wife

Father's Name Ebenezer Cropper | Mother's Name Elizabeth Cropper

Cause of Death: Primary Acute Atrophy of Liver — How long sick 6 weeks

Immediate Coma 88 — ~~Accident Suicide Homicide~~

Reported by Dr. T. L. Lewis

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Col. John Divers

Certificate of Death

Died at Upper Cross Roads (Town) Harford (County) MARYLAND

Date 189 9 — Month 9 — Day 23 | Age Y. 72 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 0

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Typhoid fever 1 | How long sick

Immediate: | Accident, Suicide, Homicide

Reported by Regis Intelligencer

Address 9-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Jas. H. Grant

Certificate of Death

Died at Town Upper X Roads County Harford MARYLAND

Date 189 9 Month 9 Day 2 Age Y. 41 M. D. Native of Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Hemorrhage of lungs

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Roman Catholic Church, Long Green
Father Houck.

Name in Full

Certificate of Death

Mr. Archibald Heaps

Town County

Died at near S. Delta Harford MARYLAND

Date 189 9 Month 9 Day 25 | Age Y. 83 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 3

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Regis & Intelligencer

Address 9-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Wilson W. Hopkins

Certificate of Death

Died at Town near Darlington County Harford MARYLAND

Date 189 9 Month 9 Day 12 Age Y. 81 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

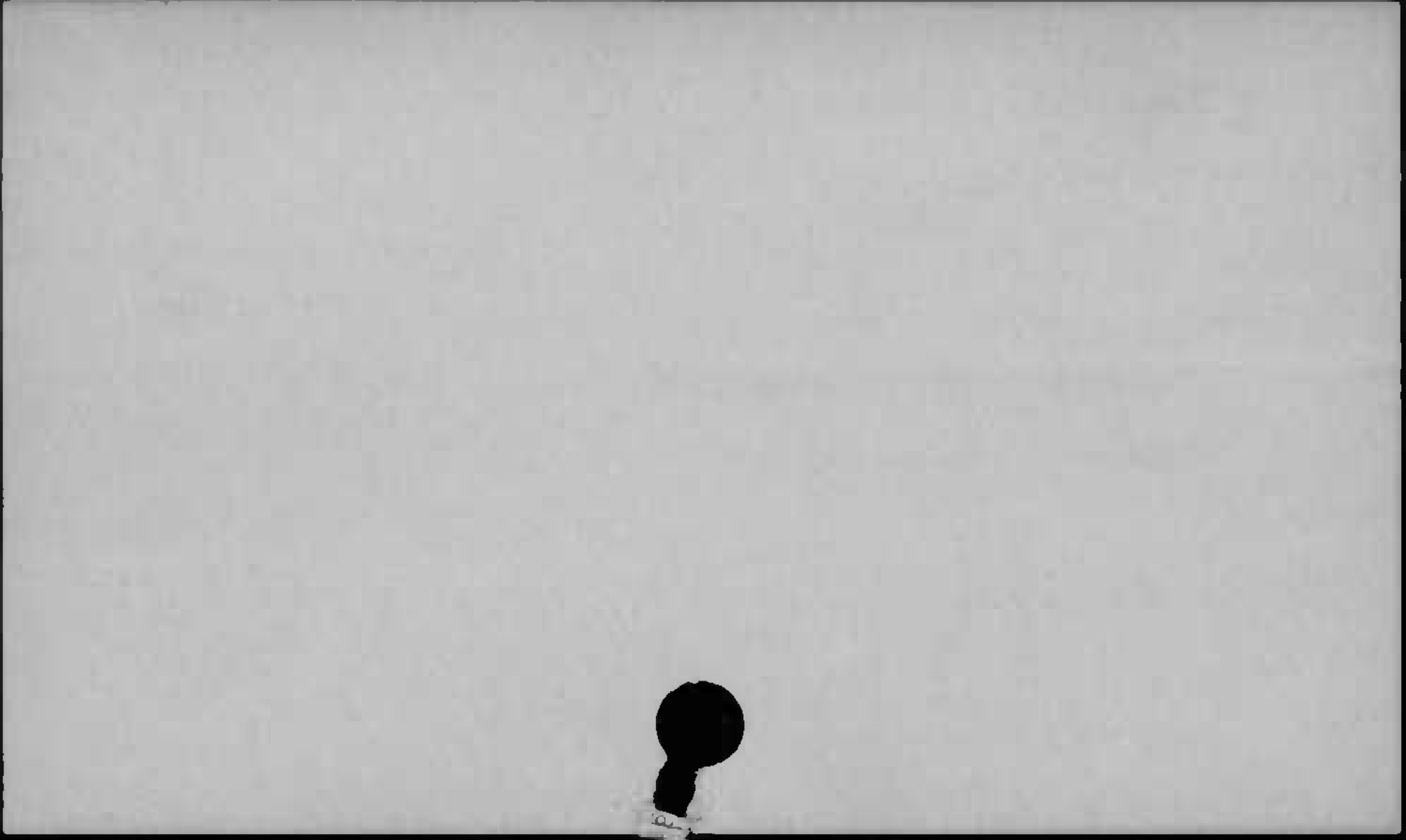
Accident, Suicide, Homicide

Reported by Bel Air Times

Address 9-16

Must be signed by physician, if any in attendance, otherwise by c[illegible]er, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

J. Henry Kuell

Certificate of Death

Died at Town: Jarrettsville County: Harford

MARYLAND

Date 1899 Month: Sept Day: 25th

Age Y. 60 M. D.

Native of Baltimore

Occupation Lumber dealer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Five

Husband ~~Wife~~ of Mary E. Kuell

Father's Name J. Henry Kuell

Mother's Name Mary Kuell

Cause of Death: Primary

Immediate Diabetes. 28

How long sick Two Years

Accident, Suicide, Homicide

Reported by H. L. Smith M.D.

Address Jarrettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Mrs. Agnes Kraus

Certificate of Death

Dled at Town Forest Hill County Harford MARYLAND

Date 189 9 Month 9 Day 22 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ of Wife Joseph Kraus

Father's Name

Mother's Name

Cause of Death { Primary Apoplexy 42 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer

Address 9-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mrs Agnes Krouse

Certificate of Death

Died at Town: Forest Hill County: Harford MARYLAND

Date 1899 Month: Sept. Day: 22 Age Y. 55 M. D. Native of: America Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of: Joseph M Krouse

Father's Name: John Gallagher Mother's Name: Mary Gallagher

Cause of Death: Primary: Apoplexy 42 How long sick: Two hours

Immediate: Accident, Suicide, Homicide

Reported by: F. P. Smithson M.D.

Address: Forest Hill Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

William James Martain

Dled at Town: Harford Furnace County: Harford MARYLAND

Date 1899 Month: Sep Day: 8 Age Y. 7 M. 2 D. Native of: Harford Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~[illegible]~~ ~~[illegible]~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Wm Jane Martain Mother's Name: Catherine Martain

Cause of Death — Primary: Operation of nerve — How long sick: 11 day

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: Catherine Martain

Address: 161

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Oberman
Abington

Seen by Coroner _____

of _____

Information contained in this certificate received from Colleen McClain

of Harford Farmers.

Name in Full Louisa A. McGaw

Certificate of Death

Died at Town Bush County Harford MARYLAND

Date 1899 Month September Day 23 Age Y. 23 M. D. Native of Md Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Married~~

Number of children living 2

~~Husband~~ Wife of Wm E McGaw

Father's Name

Mother's Name

Cause of Death: Primary Typho-Malaria — How long sick 4 weeks

Immediate Asthenia — Accident, Suicide, Homicide

Reported by Dr Offerman

Address Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thos. H. Mellor

Certificate of Death

Died at Town Shawsville County Harford MARYLAND

Date 1899 Month 9 Day 6 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Numbar of children living 3

Husband ~~Wife~~ of Florence Merryman

Father's Name Joshua Kaye Mellor Mother's Name

Cause of Death { Primary Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Argus 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899

Name in Full

Certificate of Death

Mrs. Mary Elizabeth Morris

Town

County

Died at Carsins Harford MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 9 7 | Age 71

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of

Wife Otm Morris

Father's Name

Mother's Name

Cause of Death { Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Abingdon Cemetery

Rev. J. Edwin Ankrom.

Name in Full J. Henry Hall

Certificate of Death

Died at Town Jarrettsville County Harford MARYLAND

Date 1899 Month 9 Day 25 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married Widow Widower Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Rev. H. H. Davis.

Name In Full Mrs. Wm Payne Norris

Certificate of Death

Died at Town near Norrilville County Harford MARYLAND

Date 1899 Month 9 Day 6 Age Y. 25 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name Tydings Grove Mother's Name 151

Cause of Death Primary Poisoned from eating

Immediate stale mushrooms

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Griffish Price

Certificate of Death

Died at Town Cardiff County Harford MARYLAND

Dato 189 Month 9 Day 11 | Y. 32 M. D. | Native of | Occupation Moulder

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living one

Husband of Ellen Jane (Roberts) Price

Wife

Father's Name Lewis Price

Mother's Name Mary Price

Cause of Death: Primary Typhoid fever

Immediate

How long sick 22 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. H. McCurdy

Address Wells Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full William J Reasin — Certificate of Death

Died at Town: Havre de Grace — County: Harford — MARYLAND

Date 1899 Month: 9 Day: 15 — Age Y: 37 M: - D: - — Native of: Md — Occupation: Labor

~~Male~~ / ~~Female~~ — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: 4

~~Wife~~ Husband of Hester Russell

Father's Name: Samuel Reasin — Mother's Name: Emily Barnes

Cause of Death — Primary: Vertigo 148 — How long sick:

Immediate: Drowning — Accident, Suicide, Homicide

Reported by G. T. Pennington

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Dr. Jas. H. Smith

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 189 9 Month 9 Day 28 | Age Y. 47 M. D. | Native of Utah | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 0

Husband ~~Wife~~ of Kate Dorsey

Father's Name

Mother's Name

256

Cause of Death { Primary cancer of stomach | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mrs. E. Hall Richardson,

W. B. Munnikhuysen

John Ks. T. Finney

Name in Full Thos. Sullivan

Certificate of Death

Died at Town Harford Furnace County Harford MARYLAND

Date 189 9 Month 9 Day 20 Age Y. 20 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Dennis Sullivan Mother's Name 22a

Cause of Death Primary Consumption How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 9-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. Father Clements.
Catholic Church, Abingdon

Name in Full Nelson Tittle

Certificate of Death

Died at Town Madonna County Harford MARYLAND

Date 1899 Month Sept. Day 4th Age Y. 79 M. 10 D. Native of Maryland Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living One

Husband / Wife of Alice Tittle

Father's Name Richard Tittle Mother's Name Annie Tittle

Cause of Death: Primary Old age 141 How long sick 18 mo.

Immediate Paralysis ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. L. Smith M.D.

Address Jarrettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Town, County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full — Certificate of Death

Mrs Sarah Wilson

Died at Town: Forest Hill — County: Harford — MARYLAND

Date 1899 Month: Sept. Day: 2 | Age Y. 76 M. D. | Native of America | Occupation Housewife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 4

Husband / Wife of Humphrey Wilson

Father's Name Abel Durham | Mother's Name Sallie Durham

Cause of Death — Primary: Dysentery — How long sick: 8 days

Immediate: 84 — Accident, Suicide, Homicide

Reported by H. P. Smithson

Address Forest Hill Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55858

Name In Full Rev. T. T. Wysong

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 189 9 Month 9 Day 11 | Age Y. 83 M. D. | Native of W. Va. | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number of children living 4

Husband ~~Wife~~ of Miss Fannie Preston

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Havre de Grace Repub.

Address 9-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898